

Name
in
Full

William Bennett

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County		
Died at Inverness	Somerset		
Date of death 1908	Month Jan	Day 21st	Years About 80
Sex Male	Color or Race White	Birthplace Mass.	Months — Days —
Occupation Oysterman	Where Residing if not at place of death —		
Married, Single or Widowed Married	Name of Wife or Husband Sarah Bennett		
Father's Name — Don't Know	Father's Birthplace —		
Mother's Maiden Name —	Mother's Birthplace —		
Name of person giving information Sarah Bennett	How related to deceased Wife		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary

Sas Grippe

How long One Week

Immediate

Heart Failure

How long —

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

G. E. Dickinson

Upper Fairmount

W. M.

Accident or Suicide?



Thos. W. Landon Esq.
Landonville
Md.

Name
in
Full

Bethy Campbell

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race		Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace		
Father's Name	Mother's Birthplace				
Mother's Maiden Name	How related to deceased				
Name of person giving Information	Father				

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary

Septicemia

How long

8 days

Immediate

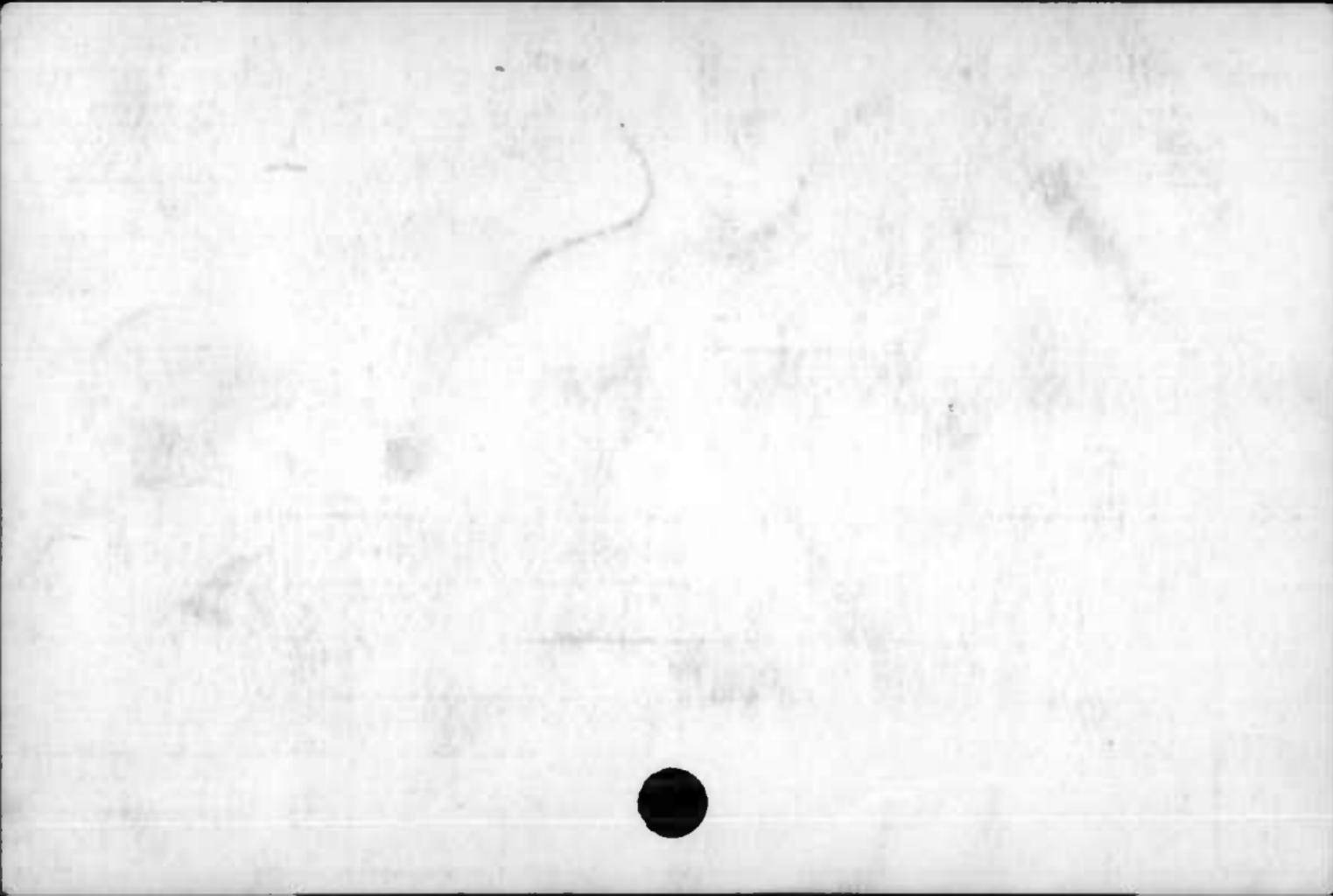
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Q

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at	Somersel				
Date of death 1908	Month	Day	Years	Months	Days
Sex	Color or Race		Birth-place		
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

88

PHYSICIAN
OR CORONER

Primary

Acute Catarhal Pharyngitis

How long

10 days

Immediate

Asthmatic

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

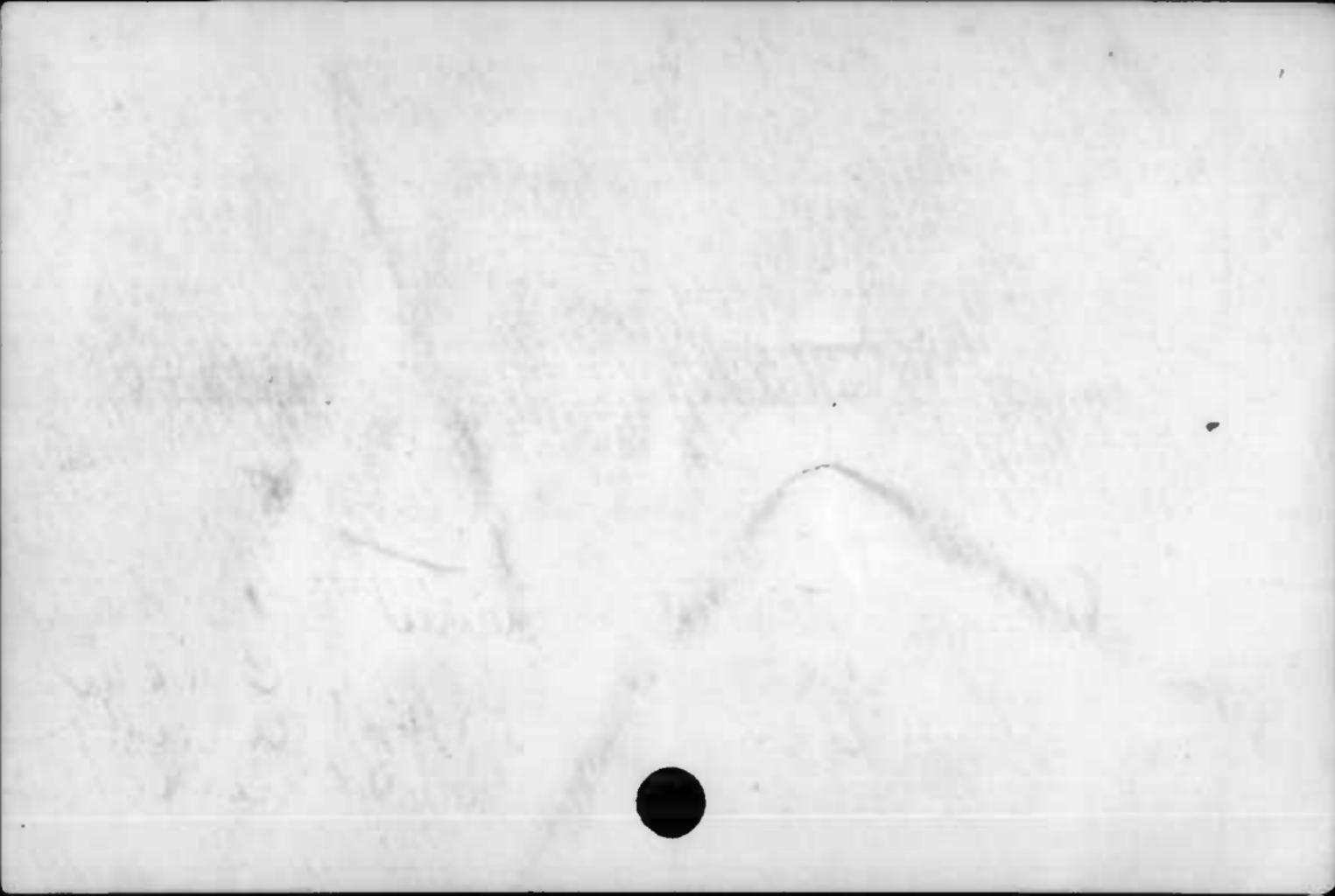
Yes

Signature of Physician

Address

W.H. Alexander
Somersel Co.

Accident or Suicide?



Amelia R. Dixon

CERTIFICATE OF DEATH

Died at		Town Marion	County Somerset	MARYLAND		
Date of death	Month	Day	Years 53.	Months	Days	
Sex Female	Color or Race black	Birth-place Marion Md				
Occupation domestic	Where Residing if not at place of death					
Married, Single or Widowed Widow	Name of Wife or Husband Burk Dixon	Father's Birthplace Marion Md				
Father's Name Samuel Johnson	Mother's Birthplace Marion Md					
Mother's Maiden Name Melcha Horsey	How related to deceased Sister.					
Name of person giving information Anna Johnson	42					
CAUSES OF DEATH						
Primary	Uterine Carcinoma					
Immediate	Exhaustion					
How long one year						
How long -						

Are the name, age, sex, color, date and place correctly given above?

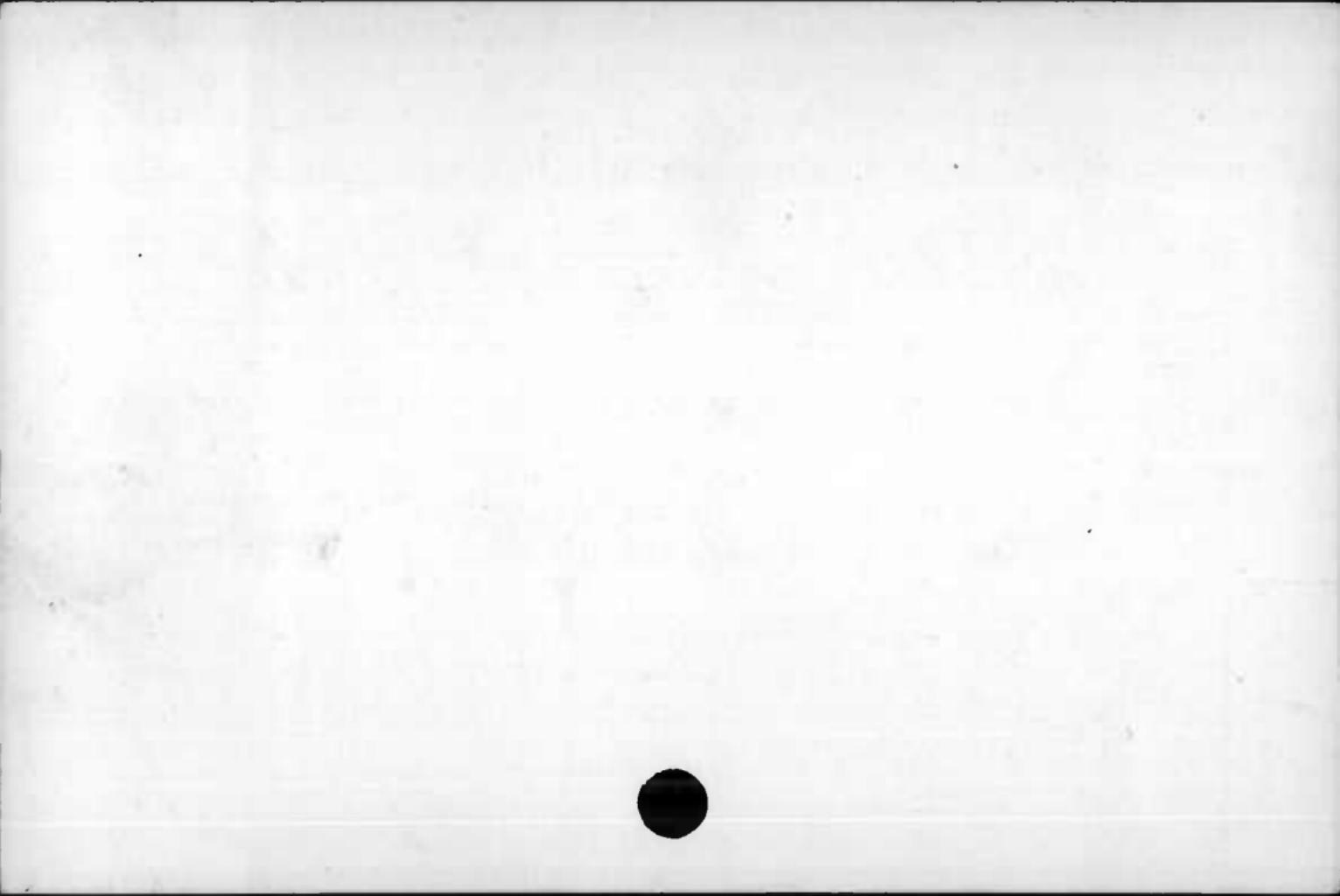
J

Signature of Physician

Address

W F Hale
Emfield Md

Accident or Suicide?



Name
in
Full

Frederick P. Elmore

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1908	Month	Day	Years	Months	Days
Sex	Male		Color or Race	White		
Occupation	Oyster & Crab Dredger		Where Residing if not at place of death	Nothumberland Co Va		
Married, Single or Widowed	Married		Name of Wife or Husband	Emily Full		
Father's Name	Doris Kump		Father's Birthplace			
Mother's Maiden Name	Doris Kump		Mother's Birthplace			
Name of person giving information	Soden Elmore		How related to deceased	Son		
CAUSES OF DEATH						
Primary	Paralysis					
Immediate	"					
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		How long			
	Address		3 m/s			
Accident or Suicide?	No					

66

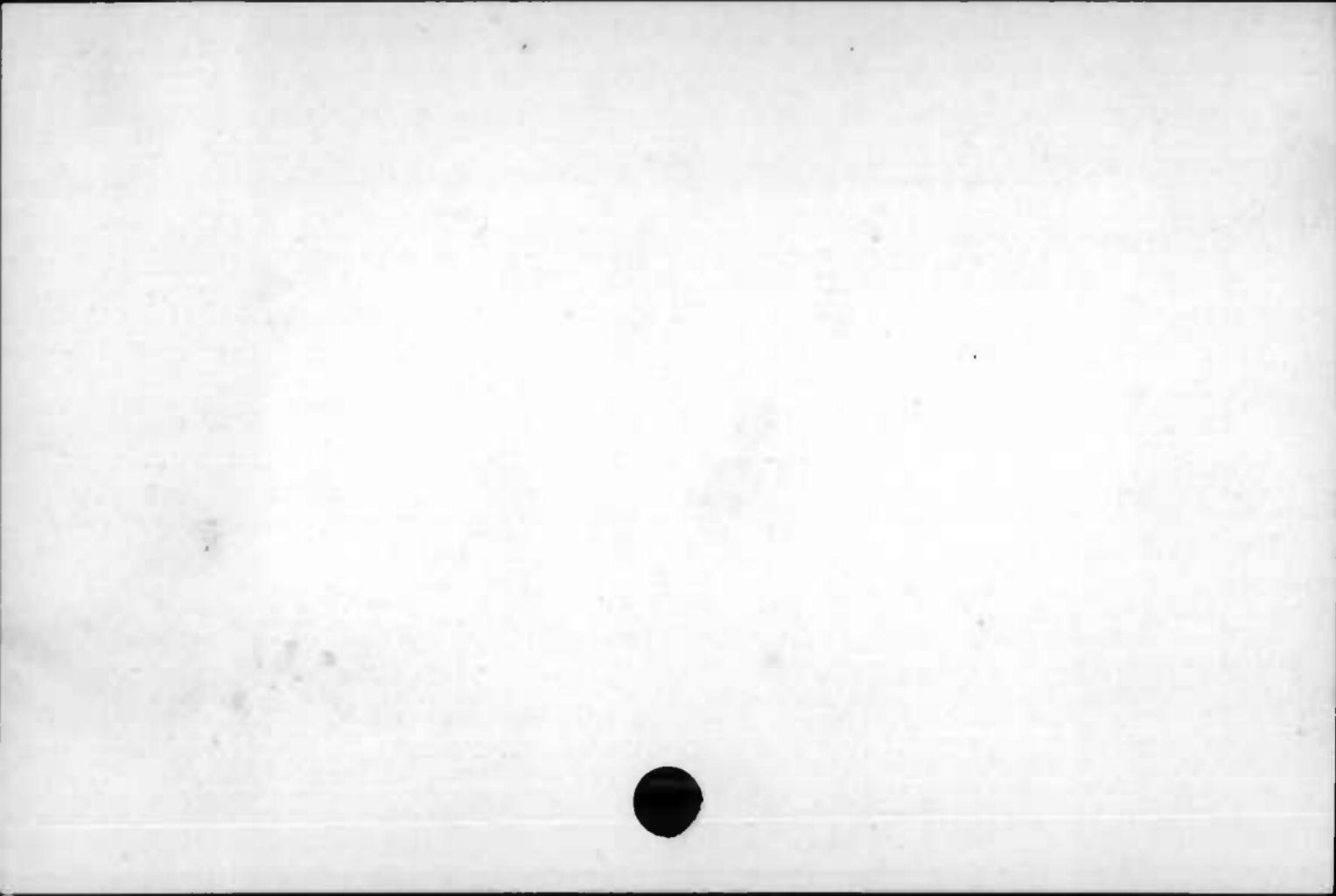
PHYSICIAN
OR CORONER

BP.

Signature of Physician

Address

68 Baelius
Cisfield Md.



Name
in
Full

Hillis Berg Elgin

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at 92 Dean		County Somerset		MARYLAND		
Date of death 1908	Month 1	Day 23	Age Years	Months 6	Days —	
Sex Female	Color or Race Black	Birth- place Somerset Co. Ind.				
Occupation ✓	Where Residing if not at place of death ✓					
Married, Single or Widowed Single	Name of Wife or Husband ✓					
Father's Name Richard Elgin			Father's Birthplace Ind			
Mother's Maiden Name Rose Elgin			Mother's Birthplace II			
Name of person giving Information Richard Elgin			How related to deceased Father			
CAUSES OF DEATH						
Primary Bronch pneumonia			92			
Immediate Tuberculosis			How long at days			

PHYSICIAN
OR CORONER

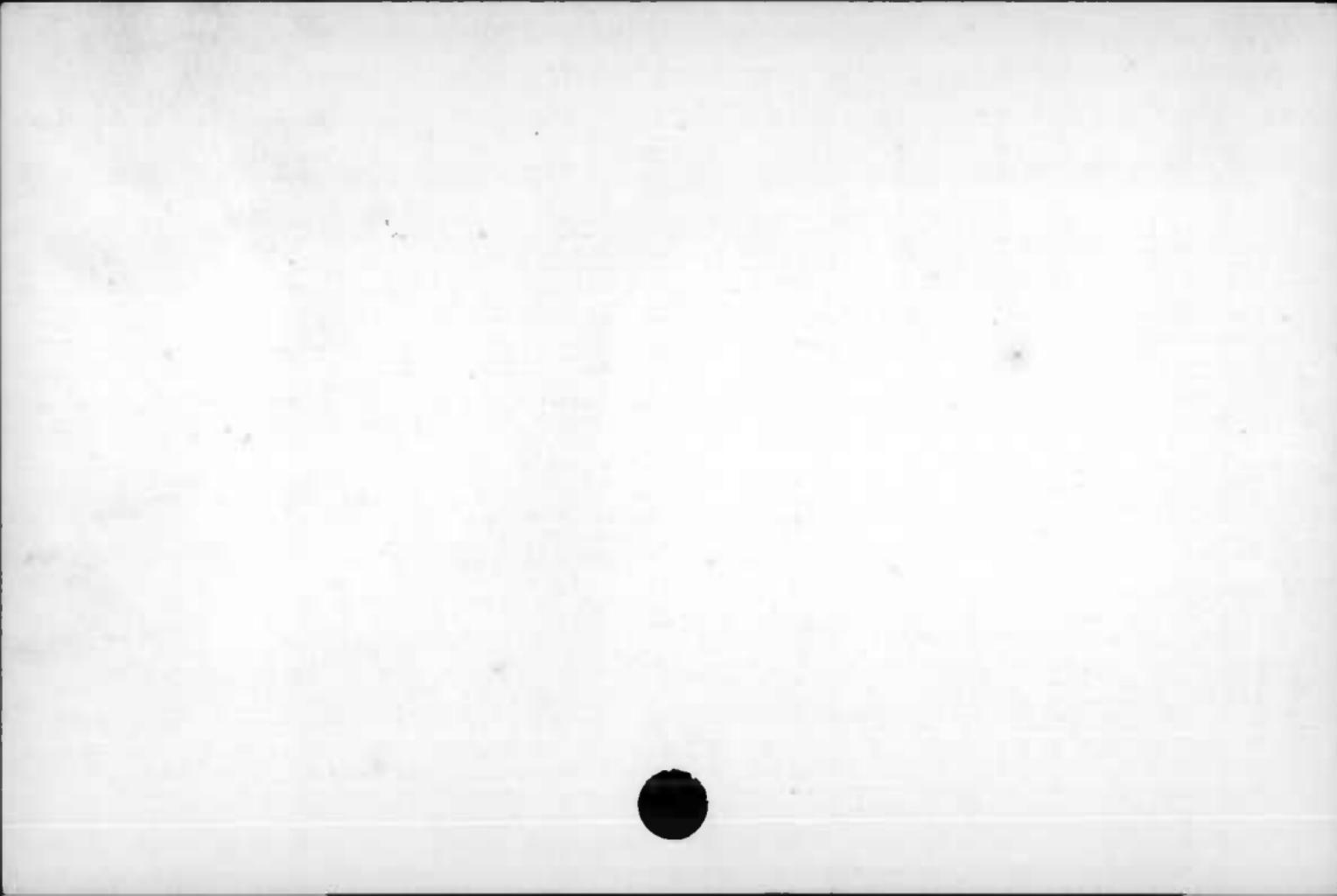
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

D. J. Smith (M. D. in attendance)

Accident or Suicide?



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John Gauces

CERTIFICATE OF DEATH

Town Died at not known		County Somerset		MARYLAND			
Date of death 1908	Month Jan	Day 8	Age 80	Years	Months	Days	
Sex Male	Color or Race Black			Birth- place Md.			
Occupation Farmer			Where Residing if not at place of death				
Married, Single or Widowed Widowed	Name of Wife or Husband						
Father's Name Hutchinson			Father's Birthplace 2				
Mother's Maiden Name Hutchinson			Mother's Birthplace 2				
Name of person giving Information Leo. Sane					How related to deceased son		
CAUSES OF DEATH						79	
Primary Endocarditis + Endoarteritis					How long 3 yrs.		
Immediate Asthma					How long Several months		

Are the name, age, sex, color, date
and place correctly given above?

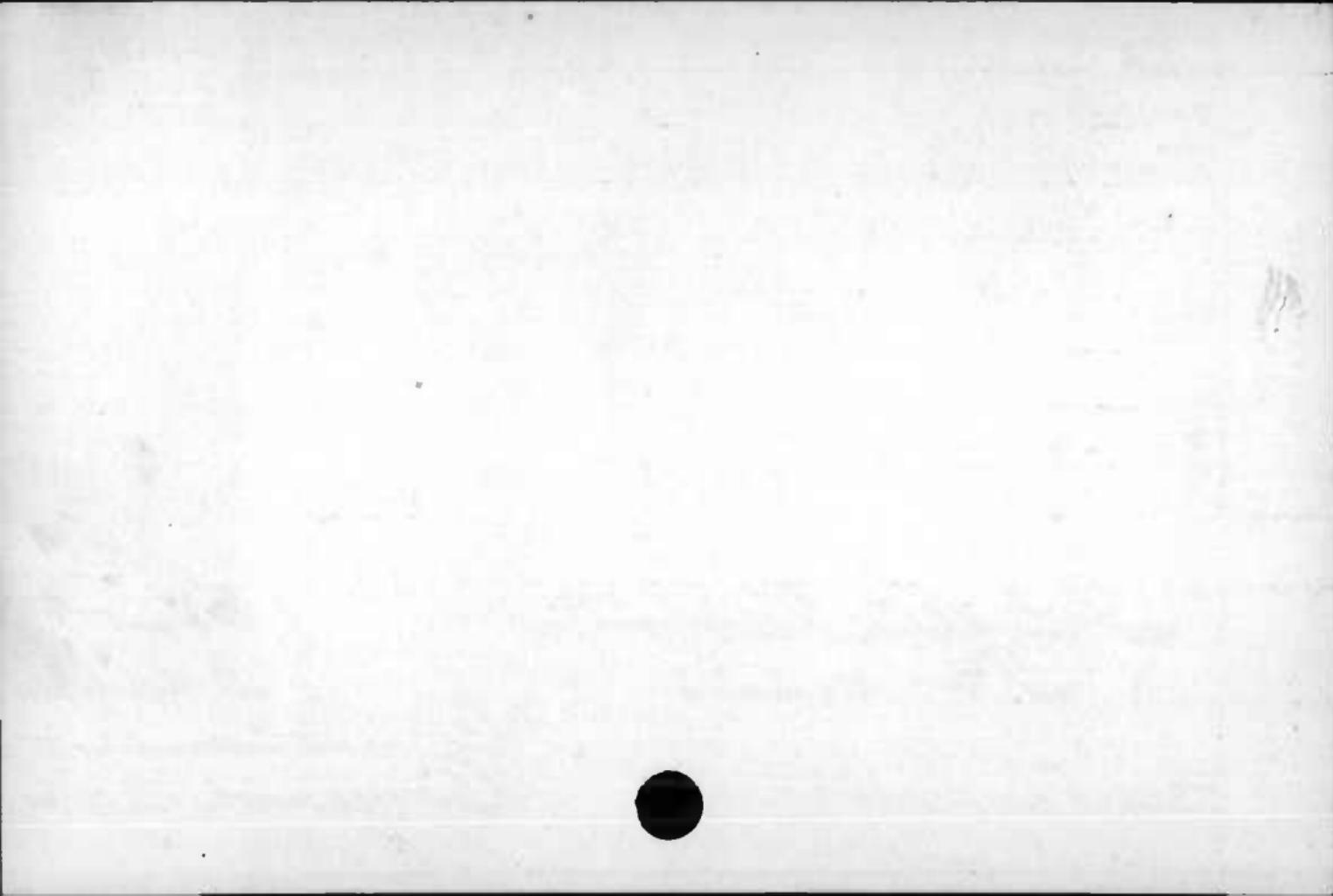
yes

Signature of
Physician

Address

Clear T. Gauces
Princess Anne,
Md

Accident or Suicide?



Name
in
Full

Issey Ellen Karsay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORDNER.

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1908	Jan	3	62	-	-	
Sex	Male	Color or Race	Black			
Occupation	Home dweller		Where Residing if not at place of death	Deals Island		
Married, Single or Widowed	Married	Name of Wife or Husband	Samuel Karsay			
Father's Name	James Wilsard		Father's Birthplace	Private		
Mother's Maiden Name	Jones		Mother's Birthplace	Black		
Name of person giving Information	Ethel Karsay		How Related to deceased	Daughter		

CAUSES OF DEATH

Primary Interstitial Nephritis 120 1 year
Immediate Toxemia 3 days.

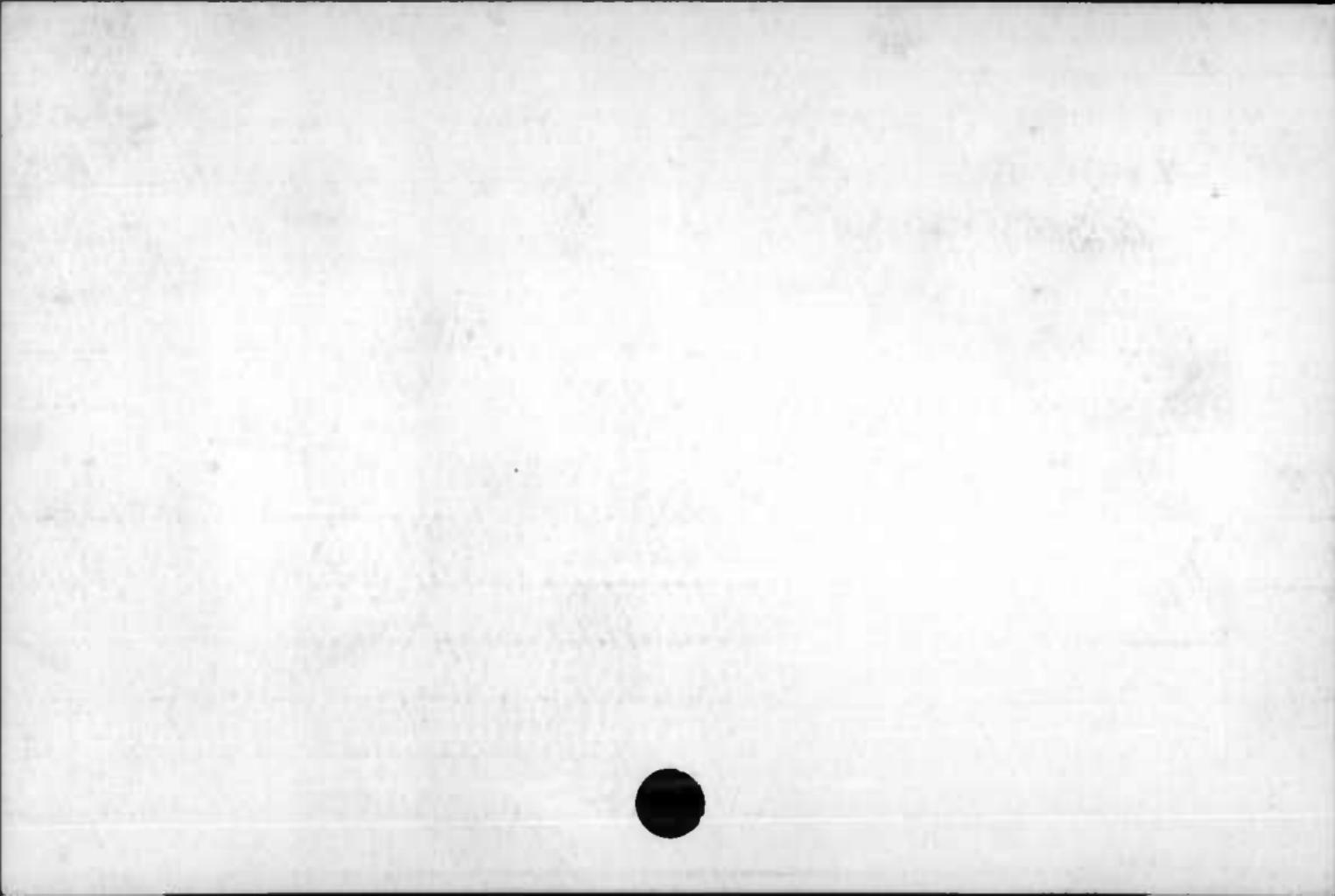
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

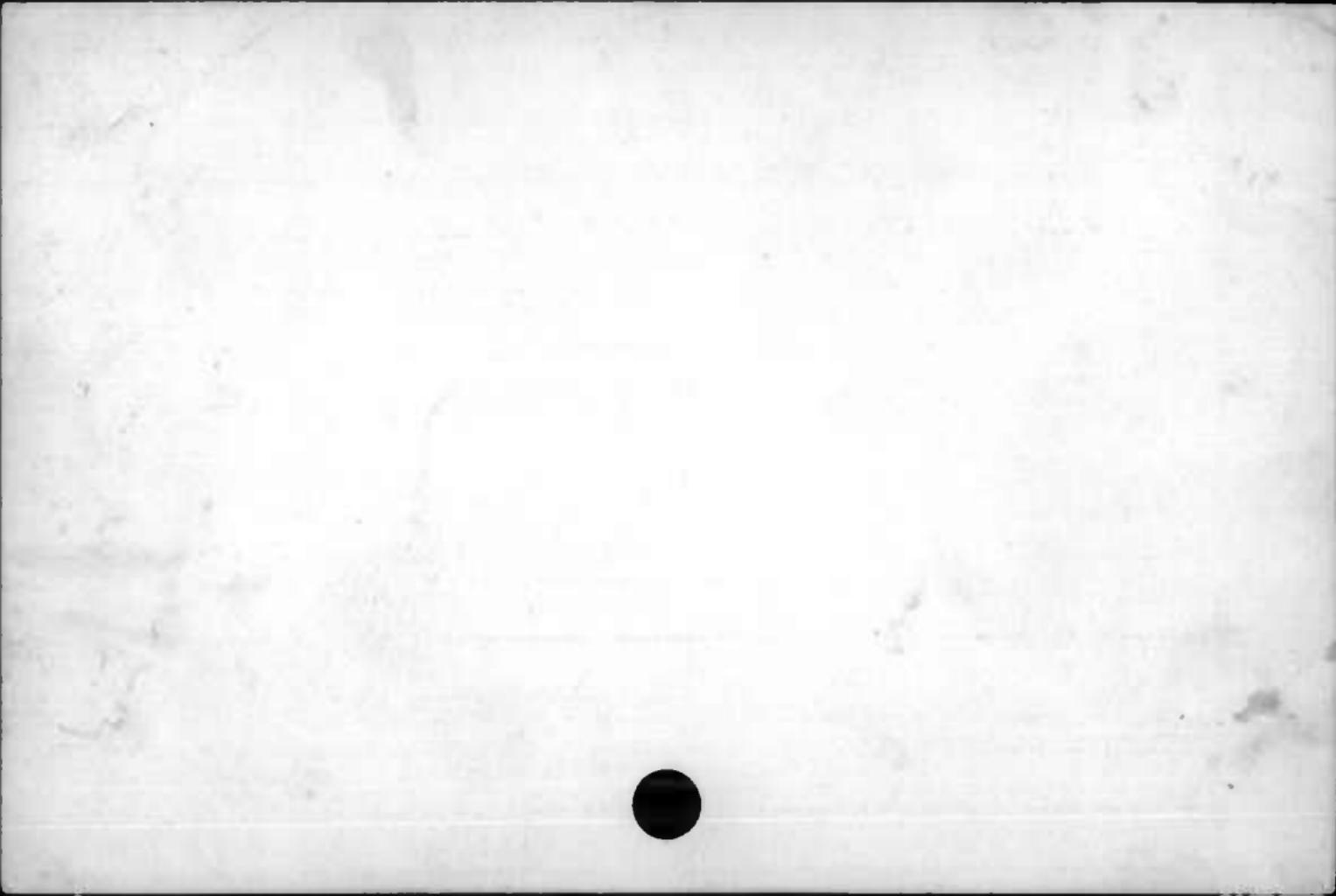
Address

H. G. Alexander
Gainesville Co.

Accident or Suicide?



Emma 6, Hayman					CERTIFICATE OF DEATH		
Died at <u>Kingston</u>		Town <u>Town</u>		County <u>Somerset</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Jan</u>	Day <u>18</u>	Years <u>51</u>	Age <u>51</u>	Months	Days	
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Somerset Co.</u>			
Occupation <u>Housework</u>	Where Residing if not at place of death						
Married, <u>Single</u>	Name of Wife or Husband <u>Agie</u>			Father's Birthplace <u>Hayman</u>			
Father's Name <u>William Wellington</u>			Mother's Birthplace				
Mother's Maiden Name <u>Marie Hill</u>			Mother's Birthplace				
Name of person giving Information <u>Mormon Wellington</u>			How related to deceased				
CAUSES OF DEATH					119		
Primary	Mitral Insufficiency of Heart				Several years		
Immediate	Acute Nephritis + Dopy				4 week		
Are the name, age, sex, color, date and place correctly given above?					Signature of Physician		
<u>yes</u>					Address		
					<u>Dr. J. B. Allen</u>		
					<u>Marion</u>		
					<u>Md</u>		
Accident or Suicide?							



Name
in
Full

Jugout
Princess Anne James

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town
Princess Anne County
Died at Somerset
Date Month Day Years Months Days
of death 1908 Jan 25 - - 27
Sex Male Color or Race Colored Birth-place Princess Anne
Occupation Where Residing if not at place of death
Married, Single or Widowed Single Name of Wife or Husband
Father's Name Woodland P. James Father's Birthplace Maryland
Mother's Maiden Name Julia Hobey Mother's Birthplace Maryland
Name of person giving information W.P. James How related to deceased Father

151

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Inunction

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of
Physician

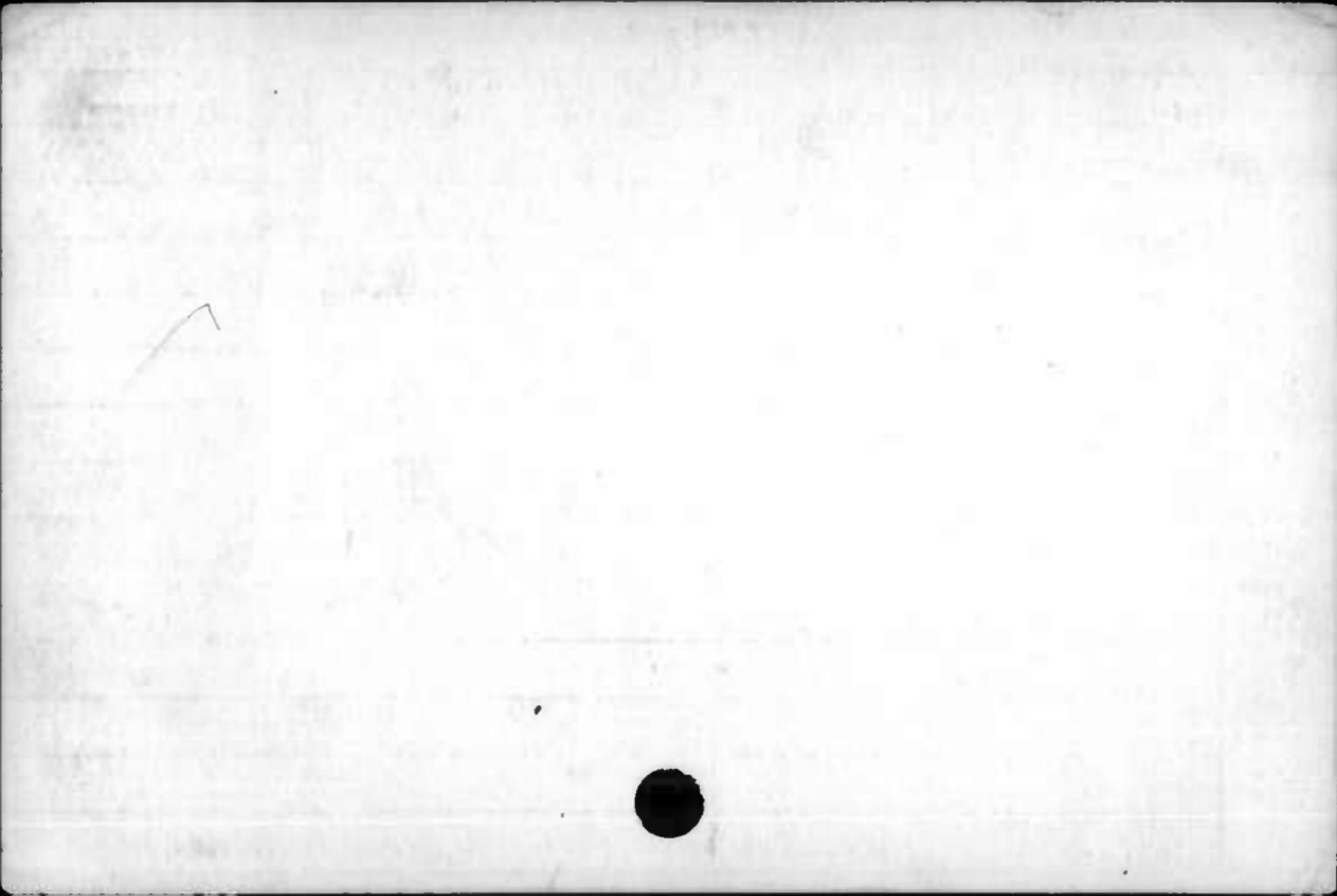
Henry M. Seaford
Princess Anne

Address

Accident or Suicide?

No.

md



James Trice Jones				CERTIFICATE OF DEATH		
Town		County		MARYLAND		
Died at		Somerset				
Date of death	Month	Day	Years	Months	Days	
1908	Jan	22	74	—	—	
Sex	Male	Color or Race	Black	Birth-place	Virginia	
Occupation	Farmer		Where Residing if not at place of death	Deal's Island Md		
Married, Single or Widowed	Married	Name of Wife or Husband	Margaret Jones		Father's Birthplace	Virginia
Father's Name	Sandy Jones				Mother's Birthplace	Virginia
Mother's Maiden Name	dout No. ✓				How related to deceased	wife
Name of person giving information	Wife of deceased.					

CAUSES OF DEATH

179

Primary

General debility

How long

4 years
2 hours

Immediate

Asphyxia

How long

Are the name, age, sex, color, date and place correctly given above?

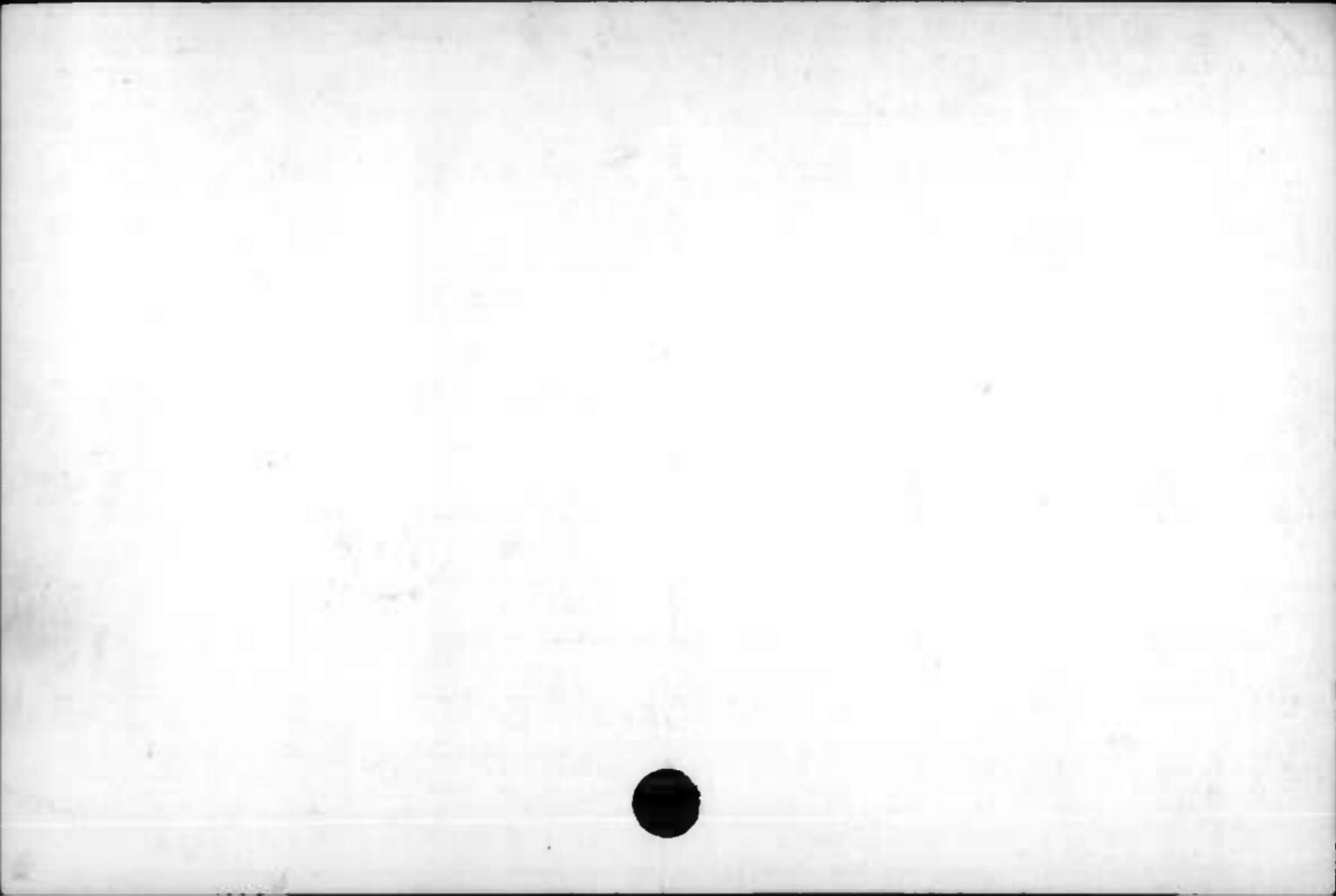
she does so

Signature of Physician

Address

Goldsborough Sub Regis
Deal's Island Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Long Victoried</u>		Town	County <u>Spencer</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>Jan.</u>	Day <u>6th</u>	Age <u>70</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Spencer</u>		<u>21</u>		
Occupation <u>Labour</u>	Where Residing if not at place of death						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Richard Long</u>			Father's Birthplace <u>W</u>			
Father's Name <u>Mary</u>				Mother's Birthplace <u>W</u>			
Mother's Maiden Name <u>Mary</u>				How related to deceased <u>66</u>			
Name of person giving information <u>Geo Allen</u>							

CAUSES OF DEATH

Primary <u>Hemphigus</u>	How long <u>1 year ago</u>
Immediate <u>Hemphigus & attack</u>	How long <u>about 10 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Geo Allen</u>
	Address <u>1 Princess Anne, MD</u>
Accident or Suicide? <u>no</u>	

Mail at once to
John E. Gordy
Westover

md

Name
in
Full

Winston L. Pitt

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	1908	Month Jan	Day 13th	Age 1	Years	Months 8	Days -
Sex	Male		Color or Race	Colored		Birth-place	Somerset Co.
Occupation	-		Where Residing if not at place of death		-		
Married, Single or Widowed	-		Name of Wife or Husband		-		
Father's Name	Edward Pitt		-		Father's Birthplace	Somerset Co.	
Mother's Maiden Name	Sarah Jane Williams		-		Mother's Birthplace	Somerset Co.	
Name of person giving information	Edward Pitt		-		How related to deceased	Father	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Eatin'itis

How long
3 weeks

Immediate

As + hemic

How long

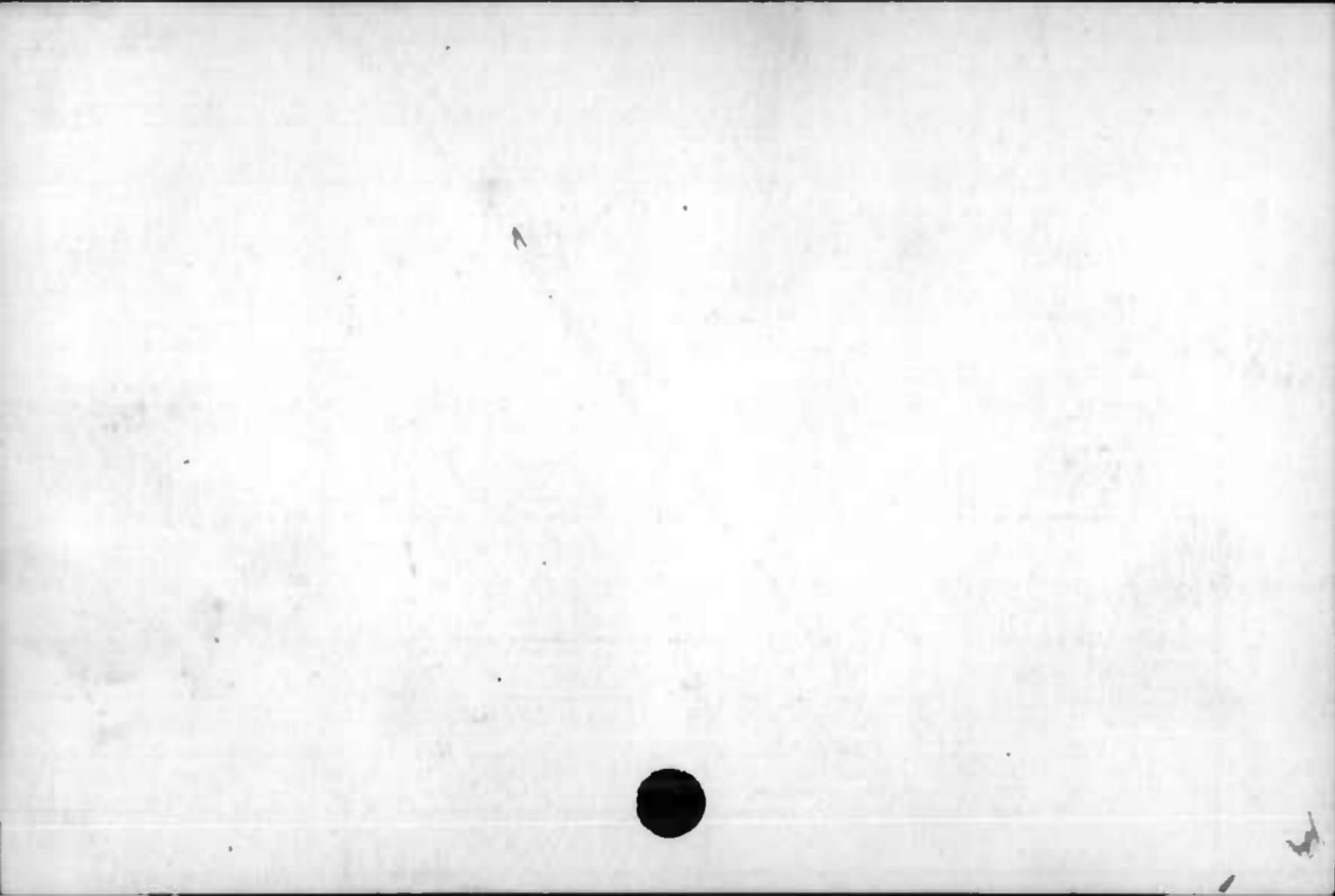
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. J. Windsor M.D.
James Lester
Somerset Co., Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month	Day	Year	25	Months	Days
Sex	Male	Color or Race	Blk	Birth-place	Marion Md		
Occupation	Where Residing if not at place of death		Cusfield			Md	
Married, Single or Widower	Name of Wife Husband		Marie Sterling			Cusfield Md	
Father's Name	Marie Sterling		Marie Sterling			Marion Md	
Mother's Maiden Name	Vigie Whittington		Marie Sterling			Marion Md	
Name of person giving information	Howard Whittington		Marie Sterling			Male	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Phthisis

27

How long

How long

Immediate

Asthma

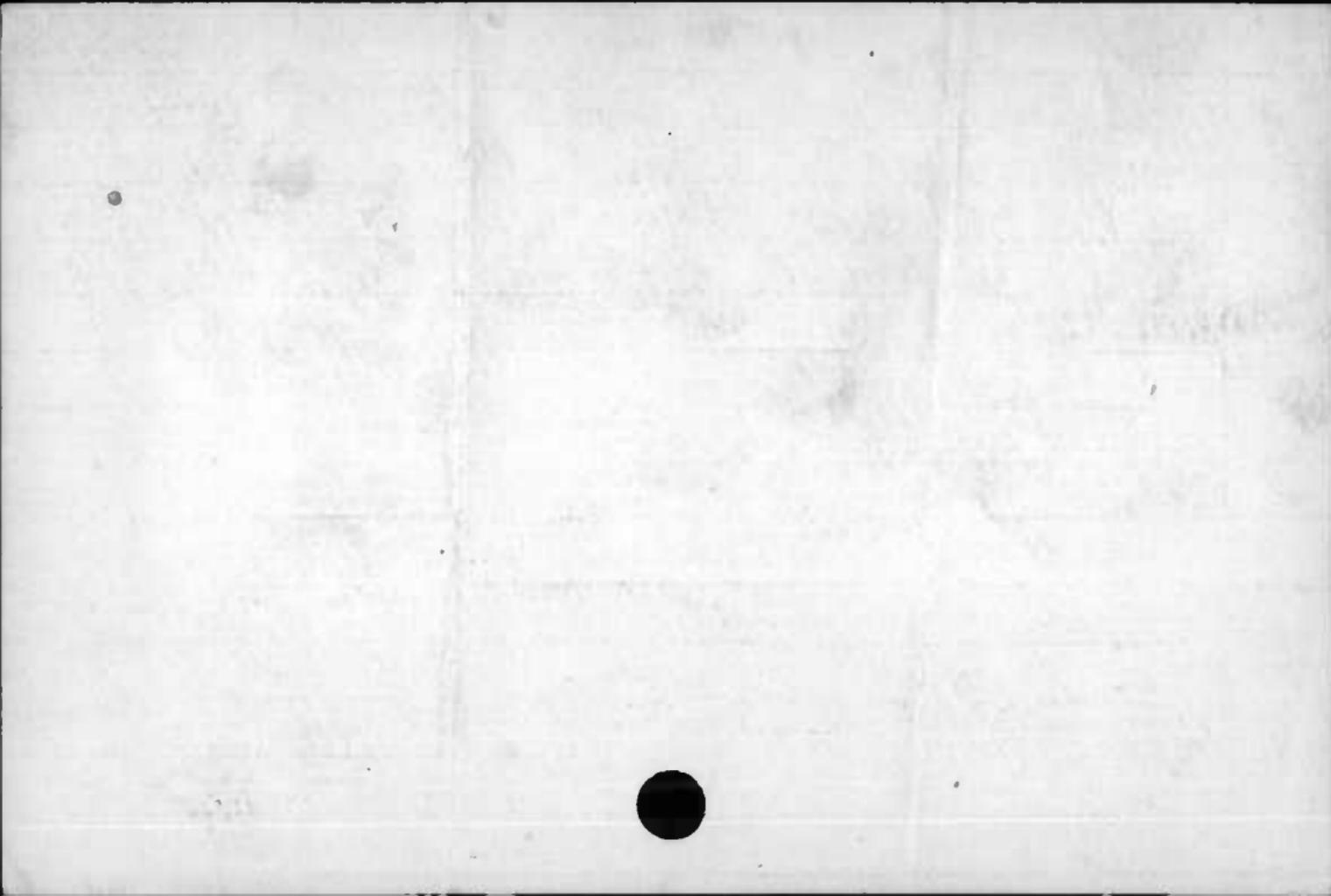
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

no



Name
in
Full

Mary J. Sterling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND		
Date of death		Month	Day	Years	Months	Days
Sex	Female		Color or Race	Age	74	
Occupation	Housekeeper		Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband		John Sterling		
Father's Name	Granor Sterling		Father's Birthplace			
Mother's Maiden Name	Grace Sterling		Mother's Birthplace			
Name of person giving information	—		How related to deceased			

CAUSES OF DEATH

41

Primary

Cancer of breast above

How long

8 months

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

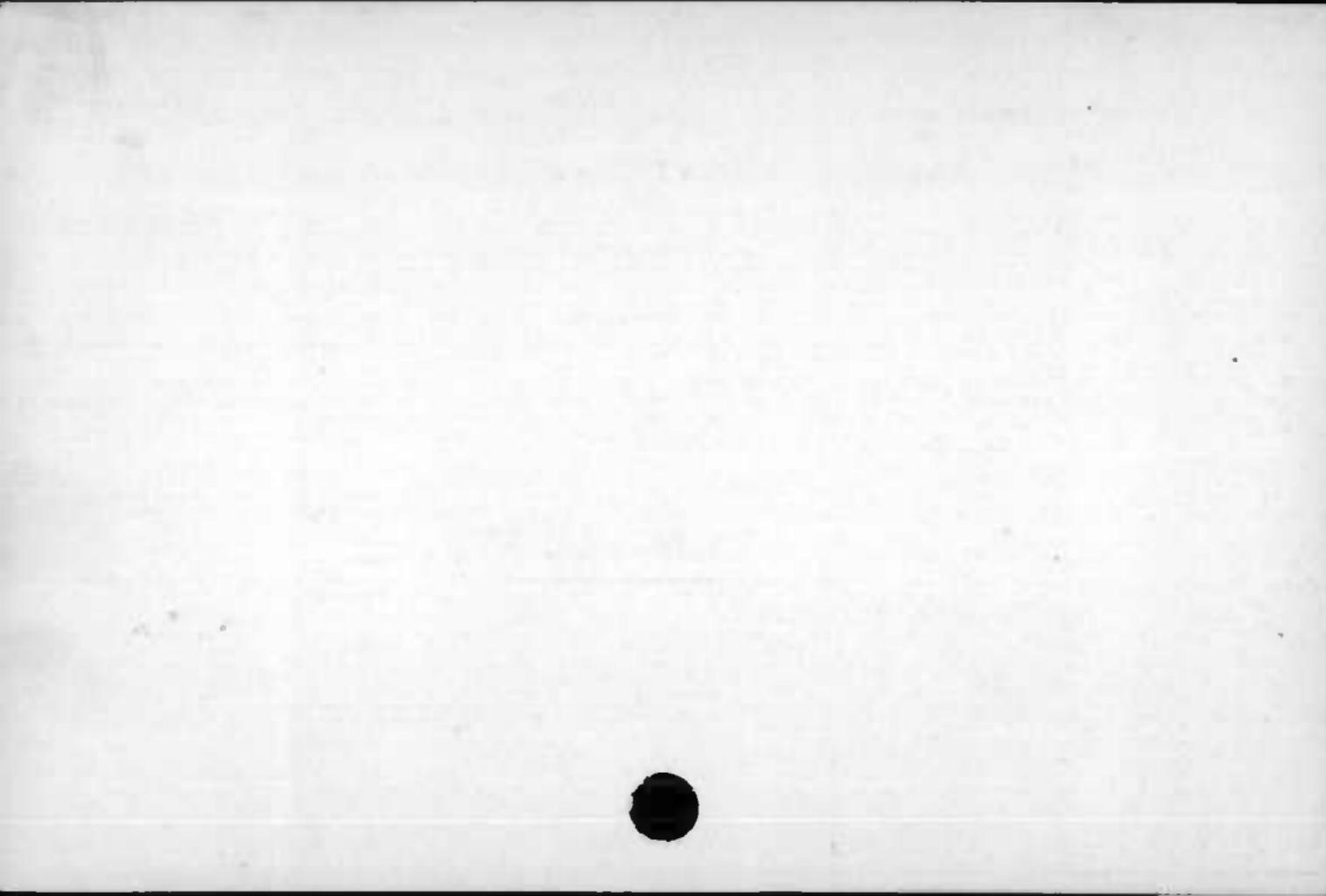
Signature of Physician

Address

W. F. Hall
Crestfield New

Accident or Suicide?

B.P.



Name
in
Full

Arthur J Stevens

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

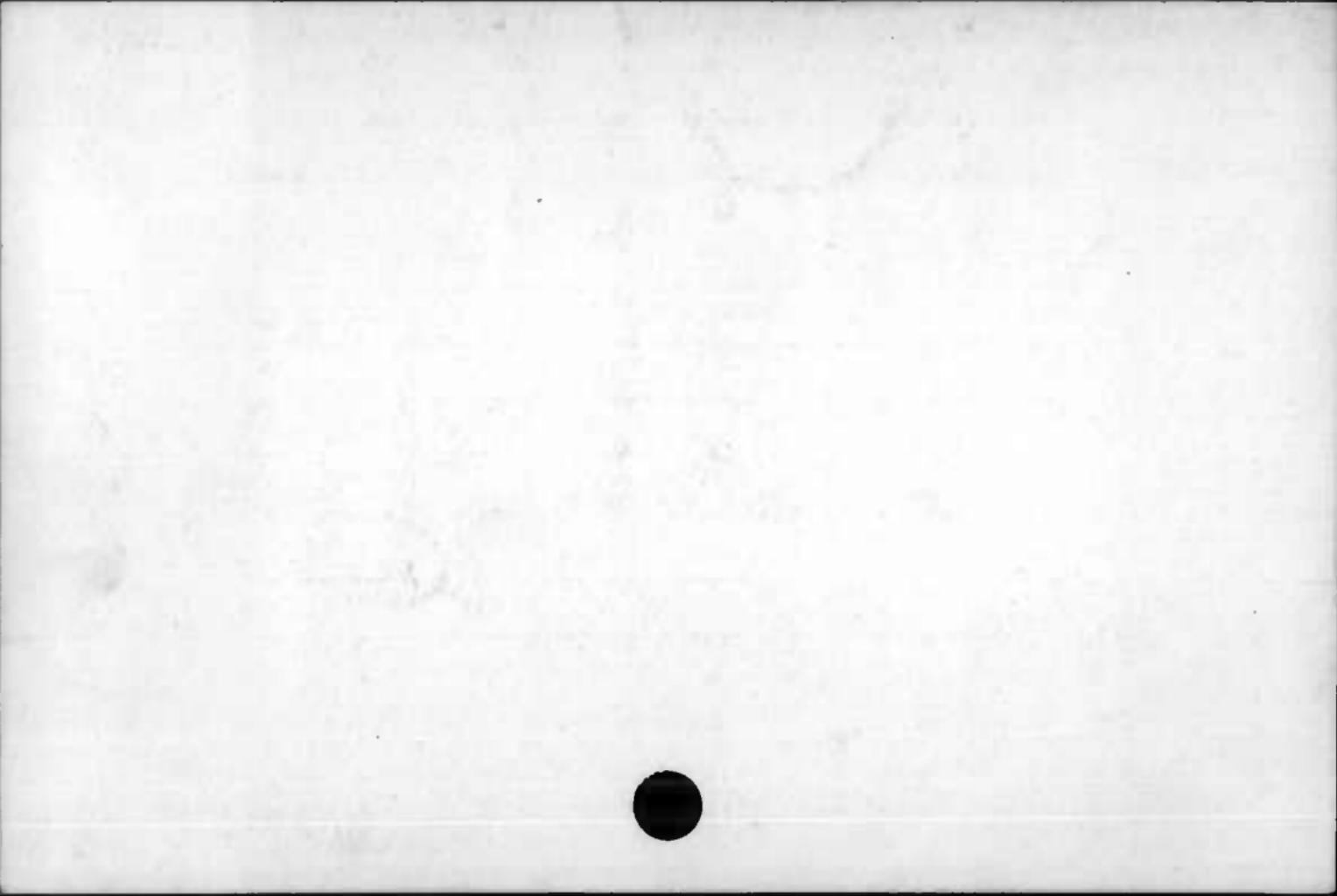
Town	County			MARYLAND	
Died at <u>Woburn</u>	Month	Day	<u>Somerset</u>	Years	Months
Date of death <u>1908</u>	<u>Jan</u>	<u>10</u>	Age <u>1</u>		Days
Sex <u>Male</u>	Color or Race <u>colored</u>	Birth-place <u>Somerset Co</u>			
Occupation <u>infant</u>	Where Residing if not at place of death <u>11</u>				
Married, Single or Widowed	Name of Wife or Husband <u>—</u>				
Father's Name <u>John J Stevens</u>	Father's Birthplace <u>11</u>				
Mother's Maiden Name <u>Amanda Collins</u>	Mother's Birthplace <u>11</u>				
Name of person giving information <u>John J Stevens</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

108

How long

Primary <u>Indigestion</u>	How long
Immediate <u>Strangulation of bowels</u>	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Address	<u>Sam J Stevens</u> <u>Patowmack 457 Wnd</u>
Accident or Suicide?	



Name
in
Full

Suee Brown White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Mar.	7th	Age	—	—
Sex	Color or Race	Where Residing if not at place of death	Birth-place		
Female	White	—	Sue Co.		
Occupation	Name of Wife or Husband				
Married, Single or Widowed	—				
Father's Name	Suee White				
Mother's Maiden Name	Leah Jones				
Name of person giving information	David White				
How related to deceased S					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Suee Brown

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

S. J. Coulter, M.D.
D. V. C. Coulter, M.D.
Somerset Co., Md.

Accident or Suicide?

